

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	82-0	0618045	Report Filed E	By Candida	ate	Committee		Lobbyist
Name of Filing Com				1 1		ACTUAL DES		0.0000000000000000000000000000000000000
Lobbyist Street Address			Commit	tee to	Re-elec	t Thor	MAS CARNE	4
City			4213		NON DR.			
City	3	RIE		State	PA	Zip Code	16510	
Type of Report (Place						A CONTRACTOR OF THE SECOND		
1-6 <sup>th</sup> Tuesday 2- 2 Pre-Primary Pre-					6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-	Primary	Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
					X			
Date Of Election			Year		Amendment		Termination	69.0
(MM/DD/YYYY)					Report	Ш	Report	
Summary of Receipts Expenditures	sand	From Date	To Date			For	Office Use Only	
Experiatores		10/23/1	7 111	30/17			7 (S	291
A. Amount Brought F	orward Fi	rom Last Report	\$ 0	2 20 10	SPECIAL ARCHAN		-1-7	<u>-</u>
B. Total Monetary Co	ntributio	ns and Receipts	\$ 3,0	229.10			明明	司
(From Schedule I) C. Total Funds Availa				008.60			E C	
(Sum of Lines A and E	APPENDING THE PERSON OF THE PE		\$ 15	50.00			38	70
D. Total Expenditures	S		\$ ,1	(1 7			罗	
(From Schedule III)  E. Ending Cash Balance	re		\$ 7,	181.10			3	2: 2
(Subtract Line D from	Line C)		,	10			RATION	2: 20
F. Value of In-Kind Co (From Schedule II)	ntributio	ns Received	\$	600.00				011
G. Unpaid Debts and	Obligation	15	\$	600.				->X
(From Schedule IV)								
Part 1- If this is a Commi	ttee report	, treasurer sign he	re. If this is a Can	Affidavit Sec				
I swear (or affirm) that ti	his report, i	ncluding the attac	hed schedules on	paper, is to the b	est of my knowledg	ge and belief tri	ue, correct and complet	e.
Sworn to and subscribed	before me	this			12.1	M	. /	
day of	<u>v.</u>	20_//	2 1	·	Signature	f Person Submi	Reuning	_
Signat	K. U	I rugh		_	BARB	ARA NIT	KIEWILL	_
		TADIAL OF A	<del></del>		A	Printed Name	. /	
My Commission expires LAN	ANRO, WR	TARIAL SEA IGHA NOTAR	Y PUBLIC	Δr	814 rea Code	- Dovet	459-7335	
E	RIE, ERI	E COUNTY, P	ENNA.		·	Dayt	ime Telephone Number	
Part II- If this is a eport of I swear (or affirm) that to	the best o	my knowledge at	10 hellef this polit	late shall sign hei ical committee h	re. as not violated anv	provisions of th	se Act of lune 3 1937 (P	1 1333 NO 320) as
amended.							.e. r.e. 6. 30.1.e 3, 1337 (1	.c. 1933, NO.3207 as
Sworn to and subscribed	before me	this			40		ก	
7 day of h	tec.	_20_/7	0 1		Thon	us C	anny	
Lana	RL	1/2-1	$\rightarrow$ 1.		- Signa	ture of Candida	840181	
Signatu	ire	3		-	P	rinted Name	July -	-
My Commission expires_		NOTARIAL SI		8	314	.4	572-848	4
L		MARIGHTYMOT. ERIE COUNTY		Are	ea Code	Daytin	ne Telephone Number	-
N		SION EXPIRES ON	10 0000					

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

							Amount
	e of Contributing	.1			Date [MM/DD/YYYY]	\$	No.
Committe	Com	mittee to	Elect John	s trettoo	10/30/17		100.00
House #	Street Address			1-17-4-	Date [MM/DD/YYYY]	\$	700
	451	10.9	+H St .				
City		State	- Zin Code		Date [MM/DD/YYYY]	\$	
	ERIC		PA LIPEGUE	16509		-	
Full Name	of Contributing		Stewart County		Date [MM/DD/YYYY]	\$	
Committe	ee						
House #	Street Address				Date [MM/DD/YYYY]	\$	
					Date [MM/DD/1111]	-	
City		State	7in Codo		Data [BABA (DD (1000)]		
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name	of Contributing			AND WELL STONE STREET, WHILE	Date [MM/DD/YYYY]	\$	
Committe	STATE OF THE PROPERTY OF THE P				Date [WINI/DD/1111]	- 2	
11	[Ch						
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name	of Contaillusing			TOTAL PARTY OF THE			
Committe	of Contributing				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
	Street Address				Date [WWW/DD/1111]	3	
City		Ctata	7in Code		Data Issas (DD (nood)		
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
- 11 -				MANUSCO MANUSCO DO COM	DESCRIPTION OF THE PERSON OF T		
Committe	of Contributing				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
	of Contributing				Date [MM/DD/YYYY]	\$	
Committe							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	

## SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	82-0618045	
-----------------------------	------------	--

Total for the reporting period	(1)	\$	CONTENT OF THE PARTY
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)  Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
And Control of the Co		NAMES AND ADDRESS OF THE PARTY	
	)		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	(4)	\$	

#### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:			
Full Name of Contributor  FRANK ANDIWOR	Date [MM/DD/YYYY]	\$	Block at
House #   Street Address	10   ZE   17 Date [MM/DD/YYYY]	Ś	B100.00
3028 West 6++St	Date [mm, DD, 1111]		
City ERIE State PA Zip Code 16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
Richard & Claudia Fillippi	10/28/17		100.00
House # 519 Street Address West 9th St.	Date [MM/DD/YYYY]	\$	
City ERIE State PA Zip Code 16502	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
ANTHONY & Daniela Andrezeski	10/28/17		256.00
House # 3102 Street Address Wellington RD.	Date [MM/DD/YYYY]	\$	
City ERIC State PA Zip Code 16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	8
Guy + Mary Michali	10/28/17		100.00
House # 8375 Street Address Morehouse RD	Date [MM/DD/YYYY]	\$	
City ERIE State PA Zip Code 16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	6
Summer É. Nichols II	10/28/11		TOO. 00
House # 407 Street Address Mongwk DR.	Date [MM/DD/YYYY]	\$	
City ERIC State PA Zip Code 16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	,
RICHARD & KEREN HOLLINGS WORTH	10/28/17		100.00
House # 434 Street Address West 31st	Date [MM/DD/YYYY]	\$	
City ERIC State PA Zip Code 16508	Date [MM/DD/YYYY]	\$	

#### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		AND CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR CONTRACTO
Filer Identification Number:	82-0618045	19
DELYCK TO THE THE COMMENT OF THE PERSON THE PERSON AND THE PERSON	CONTRACTOR OF THE PROPERTY OF	CONTRACTOR AND ADMINISTRATION OF THE PROPERTY

FIRE TRANSPORTED TO THE PROPERTY OF THE PROPER		o an abrillativa business and a financial control
Full Name of Contributor	Date [MM/DD/YYYY] \$	60
IRON WORKERS ACTION LEAGUE	11-4-17	8250 00
House/#: Street Address	Date [MM/DD/YYYY] \$	
17.50		
City WASAingrow, D.C. State Zip.Code 20006	Date:[MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	6 2 50 0
TRON WOLKERS LOCAL 3		aso.
House# 2201 Street Address Li Berry Avenue	Date [MM/DD/YYYY] \$	
City PHISBURGH State PA Zip Code 15 222	Date [MM/DD/YYYYY] \$.	
Full Name of Contributor	-Date [MM/DD/YYYY) \$	
House # Street Address	Date [MM/DD/YYYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
Full/Name of Contributor	Date [MM/DD/YYYY] \$	AD LINE OF THE ATT CASE STREET AND ADDRESS.
THouse # Street Address	Date (MM/DD/VVVV)	
anouse # Supering Sup	Date [MM/DD/YYYY)] \$	
City State Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
Gity Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Full Name or Contributor	Date [MM/DD/YYYY) \$	
#House # Street Address	Date (MM/DD/YYYY) \$	
But eet Audi ess	Date [MM/DD/YYYY] \$.	
City State Zip Code	:Date [MM/DD/YYYY] '\$	
Residence   Control of the Control o	[e6621]	

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

Full Name of Contributing Committee	tee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commit	tee		(A) 160 (A)	Date [MM/DD/YYYY]	\$
House #	Street Address		1 .	Date [MM/DD/YYYY]	\$
City		State	Zip/Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commit	tee			Date [MM/DD/YYYY]	\$
House #	Street Address	N		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commit	tee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commit	tee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Author County	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commit	tee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailir Principal Place o			_	N
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address		. \	Date [MM/DD/YYYY] \$
City	Ship De Control	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		September 2		Occupation
Employer Mailin Principal Place				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	E TOP E NOTES	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e			Occupation
Employer Maili Principal Place				
Full Name of Co	CONTROL OF THE PROPERTY OF THE PARTY OF THE			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e	663.546		Occupation
Employer Maili				Programme And Company Company

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	lber:			
Full Name		TOTAL CONTROL OF A PARTY.		
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	enië.		Code	Date (IIII) De Julius
Receipt Description		VACCES AND ADDRESS OF THE PARTY	A.S. Albanoscia	[Sec.]
Full Name				As proportional and content the proportion of the content of the c
House #	Street Address			,
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			111/	
Full Name			11110	
House#	Street Address	J		2
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[assessment]	Proceedings 1	Differi
Full Name				
iHouse #	Street Address			
City	15.	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		SWEEDE	Wasiere	製造
Full Name				
!House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYYY] \$
Receipt Description		E STATE OF THE STA	SHESSER	Kida
Full Name	- 19 - 19 - 19			la part is service a consideration ( ben'n ext. As an anticol est i ten translation de la consideration de
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYYY] \$
Receipt Description				

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:						
1. UNITEMIZEDIN KIND GON	TRIBUTIONS RECEIVED-VALUE OF	950,00,00	LESS DE D. GO	MEDIBLITOR	Y. 5. A. F. A. 12. 57.65 (K	
TOTAL for the reporting period	(1)	\$	TEE-93 PERIO	NINBOIOR		
2. N-KIND CONTRIBUTIONS	RECEIVED-VALUE OF \$50.01 TO \$2	0 00 (ERO	OM PARTAL	X		
TOTAL for the reporting period	(2)	\$	W	1	<b>.</b>	
3. : IN-KIND CONTRIBUTION R	CEIVED-VALUE OVER \$250:00 (FR	OM PART	G)			
TOTAL for the reporting period	(3)	\$				
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3; also ente	\$				
TOTAL for the reporting period  3. : IN-KIND CONTRIBUTION RI  TOTAL for the reporting period  TOTAL VALUE OF IN-KIND CONTRIBU	(3)  TIONS DURING THIS REPORTING is from boxes 1, 2, and 3; also enter	S S S S S S S S S S S S S S S S S S S	W			

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	eurigi (tra (trace europe			
	MANAGEMENT OF THE PARTY OF THE		erong to enter that is a consentate	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
City	State	Zip Code	Date [MM/DD/YYYY] \$	) )
Description of Contribution		1.1		
Full Name of Contributor		1	Date [MM/DD/YYYY] \$	
House # Street Address		M	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City: -  Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	N CONTRACTOR OF THE PROPERTY O
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City  Description of Contribution		Zip Code	Date [MM/DD/YYYY] \$	91
			THE RESIDENCE OF THE PROPERTY OF	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City  Description of Contribution	State Z	Zip Code	Date [MM/DD/YYYY] \$	No. of the Control of
Description of contribution				

# SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	92-01-19046	
	0618045	

IPS OF THE PROPERTY OF THE PRO	Figure 1 and 1
Full Name of Contributor RONALD FILL PPI	Date [MM/DD/YYYY] \$
Metropolitan Club	10/28/17 \$600.00
House # 144 Street Address West 13th St	Date [MM/DD/YYYY] \$
ERIE State PA Zip Gode 16501	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description Description
Place of Business	of DONATION -
Full Name of Contributor	Date [MM/DD/YYYY] \$
Tall Name of Contributor	Date [WW/DD/1111]
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
Gity State Zip Code	Date [MM/DD/YYYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

# Statement of Expenditures

大陸 中央 1 日本 1 日	CONTRACTOR OF THE PROPERTY OF
Filer Identification Number:	
<b>经营销的</b> 的复数形式	02-01/18011
	X Z - 061804S

To Whom Paid  ERIE TIMES News  10 / 31 / 17  House # 26 Street Address  West 12 TP ST  Date [MM/DD/YYYY] \$ 2,7%  Description of Expenditure	3
205 West 12" ST	
	123
City ERIE PA Code Campaign ADVERTISE	reit
To Whom Paid Date [MM/DD/YYYY] \$	in
Transferred (2007) (2007) (2007)	TEN SAFE
100Z West 814ST	
ERIE PA Code 16502 Election Night Hendquaters	
TO Whom Paid BIROSCAK PRINTING Date [MM/DD/YYYY] \$ 43	.70
House # 1919 Street Address Reach St Description of Expenditure	
City ERIE PA Zip Code 1682 FUNDRAISER TICKETS	DEMONSTRATE
To Whom Paid  Date [MM/DD/YYYY] \$	中の 日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本
House # 1919 Street Address Peach St  Description of Expenditure	
City Exe Pa Zip Code 1602	
To Whom Paid Date [MM/DD/YYYY] \$	eo este de sec
Date [WIM/DD/:TTTT] 3	
House # Description of Expenditure.	
City State Zip Code	
To Whom Paid Date [MM/DD/YYYY] \$	
House # Street Address Description of Expenditure	
City Zip Code	14751100000000
To Whom Paid Date [MM/DD/YYYY] \$	
House # Street Address Description of Expenditure	
City State Zip Code	and and acceptable
To Whom Paid Date [MM/DD/YYYYY] \$	yete ourdayet
House #   Street Address   Description of Expenditure	
City State Zip	resource first

#### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:		
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address  DATE DEBT INCURRED  [MM/DD/YYYY/]	
City	State Zip Code	
Description of Debt		
Name of Creditor House # Stre	et Address DATE DEBT INCURRED	Outstanding Balance of Debt
	[MM/DD/YYYY]	
Gity  Description of Debt	State Zip Code	
		oz woowa i i i ja najadona i izrije, ji zavina jaja aktori za naja
Name of Creditor  House # Stre	et Address DATE DEBT INCURRED	Outstanding Balance of Debt
Sile	[MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address  [MM/DD/YYYY]	4.5
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	<b>!\$</b> :
City	State Zip Code	
Description of Debt	[Particular of the Control of the Co	
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	(\$)
City	State Zip Code	
Description of Debt	Total and an area (COS)	

# 12/07/17

ERIE COUNTY ELECTION BOARD,

IN AN EFFORT TO GET MY CAMPAGIN OFF AND RUNNING, This Spring, I LOANED MY Committee TO Re-elect THOMAS T.C. CARNEY, \$ 2,000,00

Now that The Campaign is over, The 2,000, is unifaid. However, in an attempt to Termination my Committee the Balance of -60-1's RequireD.

Since I AM Very Personally Satisfied with
The Election outcome, I wish to forgive
The 2,000, pas to Be Totally Compliant.
Thanks For All you Help During this
PAST YEAR AS I AM MUCH Pleased with
All ENNOLVED,

SINCERELY YOURS,

MAGISTERIAL DISTRICT SUPSE (06-1-03)